

 **COVID-19 NON-PROFIT CITIZENS ASSISTANCE GRANT PROGRAM**

**A GRANT ADMINISTERED BY DEKALB FOR SENIORS, INC. IN COLLABORATION WITH THE LOU WALKER SENIOR CENTER**

DeKalb for Seniors, Inc. in partnership with the Lou Walker Senior Center has received a federal grant to provide DeKalb County senior residents with assistance facing a food and/or housing security crisis due to the current COVID-19 (Coronavirus) pandemic. Eligible seniors will receive up to five hundred dollars ($500) based upon documentation of need and subject to the availability of funds.

Requirements for eligibility are as follows:

* Must be a DeKalb County Senior Resident (55 years old or older)
* Must have a documented job loss or furlough on March 27, 2020 or later
* Must have a documented eviction notice or late mortgage notice
* Must have a documented late notice or disconnection notice on utilities (in applicants’ name)
* Must receive designated COVID-19 Training
* Must participate in at least one Consultation Session with designated Case Manager

**To Apply:**

1. Complete Assistance Application
2. **Attach required documentation**
3. **Email** or **Hand Deliver** the Application to:

Lou Walker Senior Center COVID-19 Emergency Assistance Fund

2538 Panola Road

Stonecrest, GA 30058

Email: smhailey@dekalbcountyga.gov

(770) 322-2900

Hand delivered applications will be accepted at LWSC Monday-Friday from 9:00 a.m. to 5:00 p.m. (EDT).

Applications should be left at the front desk in the secured drop box.

**All applications must be submitted by Tuesday, September 1, 2020 at 5:00 p.m.**

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| --- |
| **COVID-19 EMERGENCY ASSISTANCE APPLICATION TIMELINE** |
|  |  |
| **Application** **Released** | **August 18, 2020** |
| **Application Deadline** |  |
|  | **Deadline for Submitting Applications:**  |
|  | **Tuesday, September 1, 2020 at 5:00 p.m.** |
|  |  ***Absolutely No Applications will be Accepted after this time.*** |
|  | **Hand Deliver to:** |
|  | **Lou Walker Senior Center** |
|  | **Sharyn Hailey, Case Manager** |
|  |  **2538 Panola Road Stonecrest, GA 30058****Or Email to: smhailey@dekalbcountyga.gov** |
|  |  **Subject Line of Email- COVID-19 Grant Application** |
|  |  |
|  | **Application Process** |
|  | Complete and Submit Application with Supporting Documentation |
| **Review for****Eligibility** | Ongoing review will be conducted as applications are received |
| **In-Take****Phone Call** | Qualified applicants will receive a phone call from our designated Case Manager within 5 days of submittal of completed application.  |
| **Receipt of Grant Funds** | Grant funds will be distributed directly to recipients. All funds for this program will be dispersed before December 31, 2020. |
|  | Applicants that are deemed ineligible will receive written notification within 5 days of submittal of completed application. |
| **Notification** |  |



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**Application**

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Please answer ALL questions in this Application. Once completed, attach supplemental information to document your financial need (proof of job loss or loss of income, eviction notice or late payment notice for mortgage, or utilities disconnection notice). By completing this application, you are agreeing to have your personal information entered into our government management information system. This system is secure, and your information will be encrypted for your protection.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |
| Birthdate:  |  | Social Security No.: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a resident of DeKalb County | YES[ ]  | NO[ ]  | If yes, How long? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Did you become unemployed as of March 27, 2020? | YES[ ]  | NO[ ]  | Do you have documentation verifying the date you became unemployed, such as a separation notice? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Were you furloughed from your job March 27, 2020 or thereafter? | YES[ ]  | NO[ ]  | Do you documentation verifying the date you were furloughed? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you rent your residence? | YES[ ]  | NO[ ]  | If yes, have you received an eviction notice? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you own your home? | YES[ ]  | NO[ ]  | If yes, have you received a notice of mortgage payment delinquency?  |  |

|  |  |  |
| --- | --- | --- |
| Have you received a late utility bill or notice of shut off for any of your utility bills? | YES[ ]  | NO[ ]  |

# FINANCIAL REQUEST DETAILS

Assistance that will be provided will be based upon the documentation provided to support your financial request for emergency assistance (maximum amount available is $500 per household).

1. Total amount of assistance needed \_\_\_\_\_\_\_\_\_\_\_\_
2. What type(s) of assistance are you seeking? Please check all that apply:

\_\_ Housing

\_\_ Utilities

\_\_ Food

\_\_ Other (please provide a brief description of the emergency need:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please complete the following information for each area in which assistance is requested:

**MORTGAGE/RENT**

Name of mortgage/management company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly mortgage/rent payment: \_\_\_\_\_\_\_\_\_\_\_\_

Amount past due: \_\_\_\_\_\_\_\_\_\_\_\_

Have you received a notice of delinquency, default, eviction or foreclosure? \_\_\_ YES \_\_\_ NO

If yes, attach a copy of the notice to this application.

What is the final date payment can be made to prevent foreclosure? \_\_\_\_\_\_\_\_\_\_\_\_\_

**UTILITY#1** –

Name of utility company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of utility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount past due: \_\_\_\_\_\_\_\_\_\_\_\_

Have you received a past-due or disconnection notice? \_\_\_ YES \_\_\_ NO

If yes, attach a copy of the notice to this application.

What is the final date payment can be made to prevent disconnection? \_\_\_\_\_\_\_\_\_\_\_\_\_

If your utility has been disconnected is there a fee to reconnect service? \_\_\_\_\_\_\_\_\_\_\_\_

**UTILITY #2** –

Name of utility company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of utility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount past due: \_\_\_\_\_\_\_\_\_\_\_\_

Have you received a past-due or disconnection notice? \_\_\_ YES \_\_\_ NO

If yes, attach a copy of the notice to this application.

What is the final date payment can be made to prevent disconnection? \_\_\_\_\_\_\_\_\_\_\_\_\_

If your utility has been disconnected is there a fee to reconnect service? \_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY FOOD ASSISTANCE**

Do you currently receive SNAP or other benefits? \_\_\_ YES \_\_\_ NO

What is your household food cost? \_\_\_\_\_\_\_\_\_\_\_

Please tell us about the people in your home. List the name, relationship to you and their date of birth for each person living in your home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Print Name Signature Date